

## UNITED STATES DISTRICT COURT

for the

Western District of New York

25 CV 221

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Michial Foster

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

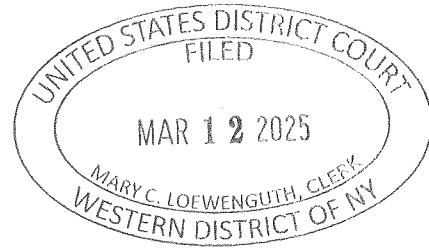
-v-

Dept of the Treasury

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Regional Financial Center  
P.O. Box 603 Bensalem PA 19020

JURY TRIAL: Yes \_\_\_ No ☒

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
 (Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which  
you have been known:

ID Number

Current Institution

Address

Michial Foster

08A6033

069-48-8772 Sec Ser. No#

Wende Correctional Facility

Wende Rd. P.O. Box 1187

Alden

N.Y.

14004

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

Nina Bolin operation mgr. 1

Def Manger

Internal Revenue Service

Dept of the Treasury Internal Revenue Service

Fresno

CA

93888

City

State

Zip Code

☐ Individual capacity☒ Official capacity

## Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

URSula Dean

operations Mgr. Operat 2

Dept of the Treasury Internal Revenue Service

Fresno

CA

93888

City

State

Zip Code

☐ Individual capacity☒ Official capacity

## Defendant No. 3

Name

Kathleen Kenny

Job or Title (if known)

Account Manager

Shield Number

Employer

Dept of the Treasury Internal Revenue Service

Address

1040 Waverly Ave

Holtville

N.Y.

00544

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

## A. Are you bringing suit against (check all that apply):

☒Federal officials (a *Bivens* claim)☐

State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

See Exhibits B

Sending my \$1800 3,600<sup>00</sup> to unknown accountC. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See exhibit B

They knew that they sent checks to someone else.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

Internal Revenue Service  
Tresno, CA, 4/15/2020

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

3/2/2023 / Sept 19, 2022 Dec 7, 2022 Feb 26, 2025

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

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## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

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## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

My Money sent to me \$3,600<sup>00</sup> plus interest

See exhibit B

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Auben Corr. Fac. Elmina Corr. Fac.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☒ No NOT for this

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

SENT letter to these people Internal Revenue Service

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

INTERNAL Revenue Service Fresno, CA. 98893888

2. What did you claim in your grievance?

That I wanted my check SENT to me

3. What was the result, if any?

See exhibit B

INTERNAL Revenue kept sending letters asking for 60 more day

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Kept writing them back, about that they sent the money to an unknown account that was not mine

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I Did

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
- 

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

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#### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

You have to remember that

I am an ~~am~~ inmate. In New York State, New York State Dept of Correction does not allow inmates to have a bank account

When the Internal Revenue Service told that they sent my checks to the Northern Credit Union in Watertown, NY,

I asked why, because they had my address, which was at Auburn Corr. Fac in New York.

And I asked who signed the checks. As you can see in Exhibits that a person named Nancy Booking did.

I have been requesting my money sent to me since 2021 and all I get is I need 60<sup>+</sup> more days from the Internal Revenue Service. Had the IRS sent me over 100 letters requesting the same thing

Just look at the Exhibits sent with this.

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

3/4/2025

Signature of Plaintiff

Michael Foster

Printed Name of Plaintiff

Michael Foster

Prison Identification #

08 A6033

Prison Address

Wende Corr. Fac Wende Rd P.O. Box 1187Alden

City

NY

State

14004

Zip Code

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

VERIFICATION

STATE OF NEW YORK )ss:

COUNTY OF

Michial Foster, being duly sworn, deposes and says the s/he has read the foregoing Petition and knows the contents thereof, that the same is true to his/her knowledge, except as to the matter therein stated to be alleged on information and belief and that as to those matters, s/he believes them to be true.

\_\_\_\_\_  
PETITIONER

SWORN TO BEFORE ME THIS

\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC

# Exhibit B

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**IRS**Department of the Treasury  
Internal Revenue Service

FRESNO CA 93888-0025

In reply refer to: 1033398509

Mar. 02, 2023 LTR 129C 1

\*\*\*-\*\*-8772 202012 30

00005282

BODC: WI

MICHIAL E FOSTER  
08A6033  
PO BOX 500  
ELMIRA NY 14902-0500

Taxpayer identification number: \*\*\*-\*\*-8772  
Tax Periods: Dec. 31, 2020

Form: 1040

Dear Taxpayer:

We are responding to your inquiry dated Aug. 10, 2022.

On Apr. 15, 2020, we deposited your refund of \$2,400.00 into account number 6069296601108 at Northern Credit Union, as requested. If you have questions about this refund, contact your financial institution.

Our records also show on Jan. 4, 2021, your refund of \$1,200.00, was deposited directly into account number 6069296601108 at Northern Credit Union, the same account as you requested on your 2019 tax return Form 1040. If you are having an issue with that account number shown on your return, you must contact the financial institution to resolve the erroneous deposit.

The Internal Revenue Service does not have the authority to demand the return of the refund from the designated financial institution because the refund deposit went into the account listed on your tax return. We have attached the information we received from the financial institution for your records.

If you have questions, you can call 800-829-0922.

If you prefer, you can write to us at the address at the top of the first page of this letter.

You can get any of the forms or publications mentioned in this letter by calling 800-TAX-FORM (800-829-3676) or visiting our website at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

When you write, include a copy of this letter, and write your telephone number and the hours we can reach you in the spaces below.

Telephone number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

~~Keep a copy of this letter for your records.~~

1033398509

Mar. 02, 2023 LTR 129C 1

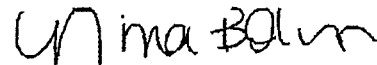
\*\*\*-\*\*-8772 202012 30

00005283

MICHIAL E FOSTER  
08A6033  
PO BOX 500  
ELMIRA NY 14902-0500

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Nina Bolin".

NINA BOLIN  
OPERATIONS MANAGER, OPERATIONS 1

Enclosures:  
Copy of this letter  
Envelope  
F1501

AUSTIN TX 73301-0060

In reply refer to: 1178167371  
Sep. 19, 2022 LTR 5064C 0  
\*\*\*-\*\*-8772 202012 30  
Input Op: 1187167371 00062464  
BODC: WI

MICHIAL E FOSTER  
08A6033  
PO BOX 500  
ELMIRA NY 14902

005733

Taxpayer identification number: \*\*\*-\*\*-8772  
Tax years: Dec. 31, 2020  
Dec. 31, 2019

Form: 14039

Dear Michial E Foster: :

#### WHY WE ARE SENDING YOU THIS LETTER

We received your identity theft claim dated Aug. 15, 2022. We know identity theft can affect you in many ways and we're committed to resolving your tax-related identity theft issues.

On your Form 14039, you stated that your divorce was finalized in December 2019. Please provide us with a signed and dated copy of your divorce decree. Please keep in mind that all married filing joint returns received before the date of the dissolution of the marriage will be considered to be valid.

We have issued to you the following Economic Impact Payments (EIPs):  
EIP 1 of \$2,400.00 on April 15, 2020, by direct deposit, EIP 2 of  
~~\$1,200.00 on January 4, 2021, by direct deposit, and EIP 3 of~~  
\$1,400.00 on March 26, 2021, by mail. The first two EIPs were  
deposited into the bank account shown on the 2019 Married Filing Joint  
tax return.

#### WHAT WE ARE DOING NOW

We won't take any action on your case during the time period provided below to allow time for you to submit the requested information.

#### WHAT YOU NEED TO DO NOW

We don't initiate contact with taxpayers by email, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks, or other financial accounts. For additional information visit [www.irs.gov/phishing](http://www.irs.gov/phishing).

If the returns we have on file are not yours, and you're required to file for the above periods, please send us signed copies of your





Department of the Treasury  
Internal Revenue Service

1040 Waverly Avenue  
Holtsville NY 00544

In reply refer to: 0136519613  
Dec. 07, 2022 LTR 129C 1  
\*\*\*-\*\*-8772 202012 30

00002174  
BODC: WI

MICHIAL E FOSTER  
08A6033  
PO BOX 500  
ELMIRA NY 14902-0500

Taxpayer identification number: \*\*\*-\*\*-8772  
Tax Periods: Dec. 31, 2020

Form: 1040

Dear Taxpayer:

We are responding to your inquiry dated Mar. 17, 2022.

On Apr. 15, 2020, we deposited your refund of \$2,400.00 into account number 6069296601108 at Northern Credit Union, as requested. If you have questions about this refund, contact your financial institution.

You may contact the bank at (315) 779-3150. A copy of the Form 150.1 is enclosed for your convenience.

If you have questions, you can call 800-829-0922.

If you prefer, you can write to us at the address at the top of the first page of this letter.

You can get any of the forms or publications mentioned in this letter by calling 800-TAX-FORM (800-829-3676) or visiting our website at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

When you write, include a copy of this letter, and write your telephone number and the hours we can reach you in the spaces below.

Telephone number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Keep a copy of this letter for your records.

Thank you for your cooperation.

0136519613  
Dec. 07, 2022 LTR 129C 1  
\*\*\*-\*\*-8772 202012 30  
00002175

MICHIAL E FOSTER  
08A6033  
PO BOX 500  
ELMIRA NY 14902-0500

Sincerely yours,

*Kathleen A Kenny*

Kathleen Kenny, Dept. Mgr.  
Accounts Management

Enclosures:  
Copy of this letter  
Form 150.1



FRESNO CA 93888-0025

In reply refer to: 1039178289  
Feb. 26, 2025 LTR 707C 0  
\*\*\*-\*\*-8772 202012 30

00011455  
BODC: WI

MICHIAL E FOSTER  
08A6033  
PO BOX 1187  
ALDEN NY 14004

044380

Taxpayer identification number: \*\*\*-\*\*-8772  
Tax periods: Dec. 31, 2020

Form: 1040

Dear Taxpayer:

Thank you for the inquiry of Jan. 21, 2025.

We understand your concern about your refund check. In processing the above form, we discovered a problem which caused a delay.

Your account shows an overpayment of \$1,800.00.

We have notified the appropriate function for resolution. Please allow 60 days for a response.

If you have questions, you can call us at 800-829-0922.

If you prefer, you can write to the return address at the top of this letter.

If you are out of the country and need assistance, please call us at +1-267-941-1000. Please note, this is not a toll-free number.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience the delay may have caused you, and thank you for your cooperation.

1039178289  
Feb. 26, 2025 LTR 707C 0  
\*\*\*-\*\*-8772 202012 30  
00011456

MICHIAL E FOSTER  
08A6033  
PO BOX 1187  
ALDEN NY 14004

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Gonzales". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

D. GONZALES  
OPERATIONS MANAGER, OPERATIONS 1

Enclosures:  
Copy of this letter

**IRS**Department of the Treasury  
Internal Revenue Service

FRESNO CA 93888-0025

In reply refer to: 1042000000  
Feb. 20, 2025 LTR 2645C K0  
\*\*\*-\*\*-8772 202412 30  
Input Op: 0309929253 00015418  
BODC: WI

MICHIAL E FOSTER  
08A6033  
PO BOX 1187  
ALDEN NY 14004-1187

012903

Taxpayer identification number: \*\*\*-\*\*-8772  
Tax periods: Dec. 31, 2024

Form: 1040

Dear Taxpayer:

Thank you for your inquiry of Jan. 17, 2025.

We're working on your account. However, we need an additional 60 days to send you a complete response on what action we are taking on your account. We don't need any further information from you right now.

If you prefer, you can write to that office at the address we provided in this letter.

If you have questions, you can call 1-800-829-0922.

If you prefer, you can write to the address at the top of the first page of this letter.

Find tax forms or publications by visiting [IRS.gov/forms](https://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).

Whenever you write, include a copy of this letter and your telephone numbers along with the hours we can reach you.

Keep a copy of this letter for your records.

Thank you for your cooperation.

1042000000  
Feb. 20, 2025 LTR 2645C K0  
\*\*\*-\*\*-8772 202412 30  
Input Op: 0309929253 00015419

MICHIAL E FOSTER  
08A6033  
PO BOX 1187  
ALDEN NY 14004-1187

Sincerely yours,

*U. Dean*

U. DEAN  
OPERATIONS MANAGER, OPERATIONS 2

**IRS**Department of the Treasury  
Internal Revenue Service

FRESNO CA 93888-0025

In reply refer to: 1042000000  
Dec. 10, 2024 LTR 2645C K0  
\*\*\*-\*\*-8772 202012 30  
Input Op: 0309927049 00016303  
BODC: WI

MICHIAL E FOSTER  
08A6033  
PO BOX 1187  
ALDEN NY 14004-1187



009092

Taxpayer identification number: \*\*\*-\*\*-8772  
Tax periods: Dec. 31, 2020

Form: 1040

Dear Taxpayer:

Thank you for your inquiry of Oct. 30, 2024.

We're working on your account. However, we need an additional 60 days to send you a complete response on what action we are taking on your account. We don't need any further information from you right now.

If you prefer, you can write to that office at the address we provided in this letter.

If you have questions, you can call 1-800-829-0922.

If you prefer, you can write to the address at the top of the first page of this letter.

Find tax forms or publications by visiting [IRS.gov/forms](https://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).

Whenever you write, include a copy of this letter and your telephone numbers along with the hours we can reach you.

Keep a copy of this letter for your records.

Thank you for your cooperation.



1042000000

Dec. 10, 2024 LTR 2645C K0

\*\*\*-\*\*-8772 202012 30

Input Op: 0309927049 00016304

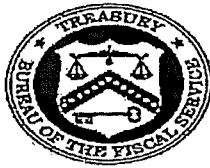
MICHIAL E FOSTER  
08A6033  
PO BOX 1187  
ALDEN NY 14004-1187

Sincerely yours,

*Ursula D. Dean*

URSULA DEAN  
OPERATIONS MANAGER, OPERATIONS 2





DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
REGIONAL FINANCIAL CENTER  
PO Box 603  
Bensalem, PA 19020-9921

**DIRECT DEPOSIT COORDINATOR**  
NORTHERN CREDIT UNION  
120 FACTORY STREET  
WATERTOWN, NY 13601-1958

DATE OF  
10/24

☐ SECOND

DATE OF  
06/10

Dear Financial Organization Representative:

One of your customers has filed a claim for non-receipt stating that their direct deposit payment has not been credited. We have authorized the payment indicated below to be sent to your financial organization through Treasury's Direct Deposit Program.

TRACE NO.

11173694-5034303

PAYMENT DATE

04/15/2020

RECEIVING FINANCIAL ORGANIZATION ROUTING NO.

221380936

TYPE OF PAYMENT

IRS

INDIVIDUAL (CUSTOMER'S NAME)

MICHAEL E FOSTER

AMOUNT

\$2,400.00

DEPOSITOR'S ACCOUNT NO.

6069296601108

TYPE OF ACCOUNT

C

DISCRETIONARY CODE

20090800

PREFIX INDIVIDUAL ID (Customer's Claim No.) SUFFIX

069488772

Treasury's records show that the payment was authorized and sent to your financial organization through the Federal Reserve. Please research your records, mark the block in the Financial Organization Action Section below that describes the action taken, sign the financial center copy and return within 3 days to:

DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
PO BOX 51318  
PHILADELPHIA, PA  
19115

VONA S I  
Director, Regional

**FINANCIAL ORGANIZATION ACTION**

- ☐ The payment described above was credited to the customer's account on (Date) \_\_\_\_\_  
The customer's copy of this form was completed and forwarded to the customer on (Date) \_\_\_\_\_
- ☐ We received the payment listed above. The payment was returned to the federal reserve on (Date) \_\_\_\_\_
- ☐ We have the payment listed above but cannot post it. We are returning the payment to the Federal Reserve on (Date) \_\_\_\_\_
- ☒ Account owner's name(s) does not match the above stated individual. Action being taken (Check Box Below):
- ☐ Returning the funds through ACH per Reason Code R06
- ☐ Returning the funds by an Official Bank Check
- ☐ Funds are not available for Return

Note: Please provide the account holder information for the customer who received the payment. (This information is being provided to the Authority of 12 USC 3413 (k) - Disclosure Necessary For Proper Administration Of Programs Of Certain Governmental Organizations)

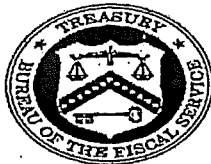
Account Owner Information: Name: Nancy Ann Booking Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notices**

This information is provided in compliance with the Privacy Act of 1974 (PL. 93-579) All requested information is mandatory by authority of USC 301, 31 USC 391, and 31 CFR Part 210. This information will be used to determine if payments are being credited properly by financial organizations. Failure to provide the requested information may delay or prevent the settlement of claims for non-receipt of payment to organizations through the Direct Deposit Program.

The estimate average burden associated with this collection is 8 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address shown in the instructions.

SIGN  
OLD  
TITLE  
1  
DATE



DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
REGIONAL FINANCIAL CENTER  
PO Box 603  
Bensalem, PA 19020-9921

**DIRECT DEPOSIT COORDINATOR**  
NORTHERN CREDIT UNION  
120 FACTORY STREET  
WATERTOWN, NY 13601-1958

DATE OF  
02/1

☐ SEC0

DATE OF

Dear Financial Organization Representative:

One of your customers has filed a claim for non-receipt stating that their direct deposit payment has not been credited. We have authorized the payment indicated below to be sent to your financial organization through Treasury's Direct Deposit.

TRACE NO.

11173620-9138986

PAYMENT DATE

01/04/2021

RECEIVING FINANCIAL ORGANIZATION ROUTING NO.

221380936

TYPE OF PAYMENT

IRS

INDIVIDUAL (CUSTOMER'S NAME)

MICHIAL E FOSTER

AMOUNT

\$1,200.00

DEPOSITOR'S ACCOUNT NO.

6069296601108

TYPE OF ACCOUNT

C

DISCRETIONARY CODE

20090800

PREFIX INDIVIDUAL ID (Customer's Claim No.) SUFFIX

069488772

Treasury's records show that the payment was authorized and sent to your financial organization through the Federal Reserve. Please research your records, mark the block in the Financial Organization Action Section below that describes the action taken, sign the financial center copy and return within 3 days to:

DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
PHILADELPHIA FINANCIAL CENTER  
POST OFFICE BOX 603  
BENSALEM, PA 19020-9921

VONA S

Director, Region

**FINANCIAL ORGANIZATION ACTION**

☒ The payment described above was credited to the customer's account on (Date) 1/4/21

The customer's copy of this form was completed and forwarded to the customer on (Date) \_\_\_\_\_

☐ We received the payment listed above. The payment was returned to the federal reserve on (Date) \_\_\_\_\_

☐ We have the payment listed above but cannot post it. We are returning the payment to the Federal Reserve on (Date) \_\_\_\_\_

☐ Account owner's name(s) does not match the above stated individual. Action being taken (Check Box Below):

☐ Returning the funds through ACH per Reason Code R06

☐ Returning the funds by an Official Bank Check

☐ Funds are not available for Return

Note: Please provide the account holder information for the customer who received the payment. (This information is being provided to the authority of 12 USC 3413 (k) - Disclosure Necessary For Proper Administration Of Programs Of Certain Government.

Account Owner Information: Name: Nancy Bookling Address: \_\_\_\_\_

SSN: \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notices**

This information is provided in compliance with the Privacy Act of 1974 (PL 93-5791). All requested information is mandatory by authority of USC 301, 31 USC 391, and 31 CFR Part 210. This information will be used to determine if payments are being credited properly by financial organizations. Failure to provide the requested information may delay or prevent the settlement of claims for non-receipt of payment to organizations through the Direct Deposit Program.

The estimate average burden associated with this collection is 8 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address shown in the instructions.

SIGN  
DATE

<b>Form 3911</b> (January 2018)	Department of the Treasury - Internal Revenue Service <b>Taxpayer Statement Regarding Refund</b>	OMB Number 1545-1384
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The box checked below is in reply to your inquiry on \_\_\_\_\_ about your Federal tax return for 2020  
 We sent you the following refund(s) \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_ on \_\_\_\_\_.

- ☐ Check ☐ Direct Deposit
- ☐ The U.S. Postal Service returned your check because they could not deliver it.
- ☐ Your check was not cashed within one year of the issue date as the law requires and it can no longer be cashed.
- If we indicated above that your check was returned by the Post Office or not cashed within one year of the issue date, please complete Sections I and III of this form and send it back to us in the enclosed envelope or facsimile form to \_\_\_\_\_  
 We will send you a new check within six weeks of the date we receive this form.
- ☐ If you did not receive the refund check, or if you received it and it was lost, stolen or destroyed, please complete Sections I, II and III. Send this form back to us in the enclosed envelope or facsimile form to \_\_\_\_\_.
- If you don't hear from us by six weeks from the date you send the form back to us, please contact us at \_\_\_\_\_  
 If you prefer, you may write to us at the service center where you filed your return.

**Section I** Print your current name(s), taxpayer identification number (for individuals, this is your social security number, for businesses, it is your employer identification number) and address, including ZIP code. If you filed a joint return, show the names of both spouses on lines 1 and 2 below.

1. Your name <u>Michial Foster</u> <u>08A6033</u>	Taxpayer Identification Number <u>069-48-8772</u>
2. Spouse's name (if a name is entered here, spouse must sign on line 14)	Taxpayer Identification Number
3. Street <u>P.O. Box 500 Elmira Correctional Facility</u>	Apt. No. <u>Elmira</u> City <u>Elmira</u> State <u>NY</u> ZIP code <u>14902</u>
► Please give us a phone number where you can be reached between 8 a.m. and 4 p.m. Include area code.	Area code _____ Telephone number _____

► If any of the above has changed since you filed your tax return, please enter the information below exactly as shown on your return.

4. Name(s)	Taxpayer Identification Number(s)
Street	Apt. No. City State ZIP code

► If you have filed a power of attorney authorizing a representative to receive your refund check, please enter his or her name and mailing address below.

5. Name of representative	6. Address (include ZIP code)
7. Type of return <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business, Form _____ <input type="checkbox"/> Other _____	Tax period <u>2020</u>
Type of refund requested <input checked="" type="checkbox"/> Check <input type="checkbox"/> Direct Deposit Amount \$ <u>1,800.00</u>	Date filed <u>OCT 15, 2020</u>

**Section II** **Refund Information**  
 (Please check all boxes that apply to you.)

8. ☒ I didn't receive a refund. ☒ I received a refund check, but it was lost, stolen or destroyed.
9. ☐ I received the refund check and signed it.
- NOTE: The law doesn't allow us to issue a replacement check if you endorsed it and someone other than you cashed the check, since that person didn't forge your signature.
10. ☐ I have received correspondence about the tax return. (Please attach a copy if possible.)  
 (Please give us the following information if possible.)
11. ☐ Name of bank and account number where you normally cash or deposit your checks  
 Bank NONE Account number NONE
12. a. If the refund was a direct deposit, did you receive a "Refund Anticipation Loan"? ☐ Yes ☒ No  
 b. Enter the Routing Transit Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and account number(s) \_\_\_\_\_  
 \_\_\_\_\_, shown on your return for the refund you did not receive.

**Section III****Certification**

► Please sign below, exactly as you signed the return. If this refund was from a joint return, we need the signatures of both spouses before we can trace it.

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information is true, correct, and complete. I request that you send a replacement refund, and if I receive two refunds I will return one.

13. Signature (For business returns, signature of person authorized to sign the check)	Date
Michael Foster 08 A6033	Sept 11, 2023
14. Spouse's signature, if required (For businesses, enter the title of the person who signed above.)	Date

**Section IV****Description of Check**

(For Internal Revenue Service use only)

Schedule number	Refund Date	Amount	Other (DLN, Check/Symbol, etc.)
Schedule number	Refund Date	Amount	Other (DLN, Check/Symbol, etc.)
Schedule number	Refund Date	Amount	Other (DLN, Check/Symbol, etc.)

**Privacy Act and Paperwork Reduction Act Notice**

We ask for the information on this form to carry out the Internal Revenue laws of the United States.

You aren't required to give us the information since the refund you claimed has already been issued. However, without the information we won't be able to trace your refund, and may be unable to replace it. You may give us the information we need in a letter.

We need the information to ensure that you are complying with these laws and to allow us to determine the correctness of your refund or the right amount of payment. Your Social Security Number and the other information are being requested in order that the Department of the Treasury can process your refund. The authority of requesting your social security number is 26 United States Code, section 6109. If you cannot or will not furnish the information, the tracing of your refund may be delayed.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or record relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is less than 5 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Attention: Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

Do not send this form to this office. Instead, please use the envelope provided or mail the form to the Internal Revenue Service center where you would normally file a paper tax return.

My Checks were sent to Northern Credit Union  
120 Factory St.  
Watertown NY 13601

They were sent to a Nancy Booking account 6069296601108

I did not authorize this. I can not have an account because my connections does not allow it. Ms Booking was not authorize to receive my EIP money we were 2 women was funding in 2019. I never receive a copy of the paperwork, I have been incarcerated since 2007.

Ms Booking file at 1040 that was illegal with my name on it.